

<b>Case Number:</b>	CM15-0165297		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63-year-old male who sustained an industrial injury on 9-1-04. The injured worker was diagnosed as having degeneration of the cervical intervertebral disc, brachial radiculitis, cervicgia, chronic pain syndrome, anxiety, and depression. Treatment to date has included TENS and medication. Currently, the injured worker complains of neck and lower back pain radiating to the right arm. The treating physician requested authorization for an outpatient cervical epidural steroid injection at C5-6 with sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient cervical epidural steroid injection at C5-6 sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Outpatient cervical epidural steroid injection at C5-6 sedation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS

states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal objective electrodiagnostic or imaging studies to corroborate with physical exam findings of radiculopathy in the proposed injection site. For this reason, the request for epidural steroid injection is not medically necessary.